

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HOGA A STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
STONE	JAMES	J.	523-0451
MAILING ADDRESS (Street)			FAX
737 BISHOP STREET, MAUKA T	OWER, SUITE 3000		524-0422
(City)	(State)	(Zip	Code)
HONOLULU	HAWAII	968	313
EMPLOYING ORGANIZATION (Fill in only if	you are employed by a business	entity which has been retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip	Code)

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBE	BY FOR (Do not abbreviate)	TELEPHONE		
THE HAWAIIAN INSURANCE &	GUARANTY COMPANY, LIMITED	536–2777		
MAILING ADDRESS (Street)		FAX		
1001 BISHOP STREET, PACIF	547-8398			
(City)	(State)	(Zip Code)		
HONOLULU	HAWAII	96813		
NAME OF PERSON RESPONSIBLE FOR F	PREPARING ORGANIZATION'S EXPENDITURES STATI	EMENT TELEPHONE		
LANCE MORIWAKI		547-8228		
MAILING ADDRESS (Street)		FAX		
SAME AS ABOVE		547-8398		
(City)	(State)	(Zip Code)		
HONOLULU	HAWAII	96813		



HAWAII STATE ETHICS COMMISSION

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STORE	JAMES	J.	- 523-0451	
MAILING ADD RESS (Street)			FAX	
737 BISHON STREET, MAUKA TOWER, SUITE 3000 524-0422				
(City)	(State)	(2)	Code)	
HONOLULU	HAWAII	96	96813	
EMPLOYING C RGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)  TELEPHONE				
HISAKA SPONE GOTO YOSHIDA COSGROVE & CHING 523-0451				
MAILING ADD RESS (Street)			FAX	
737 Bish p Street,	Suite 3000, Mauka Tower	r	524-0422	
(City)	(State)	(Zi;	Code)	
Honolulu	Hawaii	g	96813	

PART II ()RGANIZATION		
NAME OF OR JANIZATION YOU L	OBBY FOR (Do not abbreviate)	TELEPHONE
THE HAVALLAN INSURANCE	& GUARANTY COMPANY, LIMITED	536-2777
MAILING ADD RESS (Street)		FAX
1001 BISH P STREET, PAG	CIFIC TOWER - 5th FLOOR	547-8398
(City)	(State)	(Zip Code)
HONOLULU	HAWAII	96813
NAME OF PER: ION RESPONSIBLE FO	or preparing organization's expenditures statem	TELEPHONE
LANCE MORIVAKI		547-8228
MAILING ADERESS (Street)		FAX
SAME AS ABOVE	ı.	547-8398
(City)	(State)	(Zip Code)
HONOLULU	HAWAII	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	Human Services	Science, Technology & Economic Development		
<b>xx</b>   Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relation International Affairs	ns,   Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	XX Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Correction	INSURANCE s		
PART IV CERTIFICATION					
I hereby certify that the in	formation furnished above is	s, to the best of my knowledg	e, correct and complete.		
m	of Tone	,/,	15/03		
	Signature of Lobbyist)		/Date)		
<u> </u>	igitatif o or goody (ct)		χοιιογ		
PART V AUTHORIZATION	TO LOBBY		***************************************		
NAME		TITLE OF AUTHORIZING OFFIC	ER OR PERSON REPRESENTED		
ERNEST H. FUKEDA, JR. PRESIDENT & COO					
NAME OF ORGANIZATION (if applic	able)		TELEPHONE		
THE HAWAIIAN INSURANCE & GUARANTY COMPANY, LIMITED 536-2777		536-2777			
MAILING ADDRESS (Street)			FAX		
1001 BISHOP STREET, PAC	IFIC TOWER - 5th FLOOR	R.	547-8398		
(City)	(State)	(Zip Co	ode)		
HONOLULU	HAWAII	96813	3		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
$\sim$ 1 $\sim$					
JANUARY 8, 2003					
(Signature of Authorizing Officer or Person Represented) (Date)					
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